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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for | Tidza First name | First name |
| | example, your driver's license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Bovan Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8624 | |

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Debtor 1 Tidza Bovan

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|----|--|---|--|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | | | |
| 5. | Where you live | 3006 N. Church St. | If Debtor 2 lives at a different address: | | | | |
| | | Rockford, IL 61103 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | Winnebago County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

Document Page 3 of 49 Case number (if known) Debtor 1 Tidza Bovan Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

Go to line 12.

No. Go to line 12.

bankruptcy petition.

No.

□ Yes.

11. Do you rent your

residence?

Document Page 4 of 49 Case number (if known) Debtor 1 Tidza Bovan Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Tidza Bovan Page 5 of 49 Case number (if known)

Part 5:

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Tidza Bovan Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tidza Bovan Signature of Debtor 2 Tidza Bovan Signature of Debtor 1 Executed on Executed on August 31, 2017 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Tidza Bovan Page 7 0f 49

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jacob M | 1aegli | Date | August 31, 2017 |
|----------------------------|----------------------------|---------------|--------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Jacob Mae | gli | | |
| Eric Pratt L | aw Firm P.C. | | |
| 5301 E. Sta Rockford, I | ate St, Ste 116 L 61108 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 815-315-0683 | Email address | rockford@jordanpratt.com |
| 6317153 | | | |
| Bar number & St | tate | | |

| | | <u> </u> | <u> </u> | | | | | | |
|---|--------------------------|-------------------|-------------|--|--|--|--|--|--|
| Fill in this information to identify your case: | | | | | | | | | |
| Debtor 1 | Tidza Bovan | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | | |
| Case number _ | | | | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 65,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 20,975.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 85,975.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 88,755.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 22,621.00 |
| | Your total liabilities | \$ | 111,376.00 |
| ⊃aı | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,816.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,712.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Tidza Bovan Page 9 of 49
Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

\$_____5,120.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | (| Case 17-82057 | Doc 1 | Filed 08/31/17 Document | Entered 08/31/1 Page 10 of 49 | 7 09:20:03 | Desc | Main | |
|--------------|---------------------------------------|---|--------------------|----------------------------|--|-----------------------------------|--|---|--|
| FIII | in this inf | ormation to identify you | ur case and th | | | | | | |
| Deb | otor 1 | Tidza Bovan First Name | Middle | Name | Last Name | | | | |
| | otor 2 use, if filing) | First Name | Middle | Name | Last Name | | | | |
| Uni | ted States | Bankruptcy Court for the | : NORTHER | N DISTRICT OF ILLIN | IOIS | | | | |
| Cas | se number | | | | - | | | Check if this is an amended filing | |
| n ea hink | chedu ich categor cit fits best | . Be as complete and accunore space is needed, attached | ribe items. List a | e. If two married people | n asset fits in more than one e are filing together, both are e e top of any additional pages, | equally responsible | e for supply | ing correct | |
| Part | 1: Descri | be Each Residence, Buildi | ing, Land, or Ot | her Real Estate You Ow | n or Have an Interest In | | | | |
| . D | o you own | or have any legal or equita | ble interest in a | ny residence, building, | land, or similar property? | | | | |
| | No. Go to | Part 2. | | | | | | | |
| | Yes. Whe | re is the property? | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1.1 | | | | What is the property | ? Check all that apply | | | | |
| | | | | | | | not deduct secured claims or exemptions. Put amount of any secured claims on Schedule D: | | |
| | Street addre | ess, if available, or other descripti | OII | Duplex or mult Condominium | - | | ecured by Property. | | |
| | Rockfor | d IL 6 | 1103-0000 | ☐ Manufactured ☐ Land | or mobile home | Current value of entire property? | | urrent value of the ortion you own? | |
| | City | State | ZIP Code | ☐ Investment pro | pperty | \$65,000 | 0.00 | \$65,000.00 | |
| | | | | ☐ Timeshare ☐ Other | | | ole, tenancy | ownership interest y by the entireties, or | |
| | | | | Debtor 1 only | in the property? Check one | Fee simple | iowii. | | |
| | Winneb | ago | | Debtor 2 only | | | | | |
| | County | | | Debtor 1 and D | Debtor 2 only | Check if this | is commu | nity property | |
| | | | | | the debtors and another bu wish to add about this item | (see instruction | , | | |
| | | | | property identification | | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$65,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb | tor 1 _T | idza Bovan | l | | Do | ocum | ent | Pa | ge 11 (—— | of 49 Ca | ase numl | ber (if kno | own) | | |
|---------------|---------------------------------|--|-------------|----------------|--------------|---------------------------|-----------|------------|---------------|-------------|-------------|-------------------------|-------------|---|-----------------------|
| 3. C a | ars, vans, | , trucks, trac | tors, spo | rt utility vel | hicles, m | otorcyc | les | | | | | | | | |
| | No | | | | | | | | | | | | | | |
| | Yes | | | | | | | | | | | | | | |
| | | Maraada | • | | | | | | | | Do | not deduc | t secured (| claims or exer | mntions Put |
| 3.1 | | Mercede: | S | | _ | | | he prop | erty? Check | k one | the | amount of | f any secui | red claims on | Schedule D: |
| | Model: Year: | 2013 | | | | tor 1 only tor 2 only | | | | | | | | aims Secured | |
| | | nate mileage: | | 55,000 | | tor 2 only tor 1 and | | 2 only | | | | rrent valu ire prope | | Current v | value of the ou own? |
| | | formation: | | | | east one o | | | another | | | | , | , , | |
| | | | | | | | | | | | | # 40 | 775.00 | | 040 775 00 |
| | | | | | | ck if this instruction | | munity p | roperty | | | \$18 | ,775.00 | | \$18,775.00 |
| Ex | | aircraft, mo Boats, trailers | | | | | | | | | | | | | |
| .p | ages you | ollar value o have attach | ed for Pa | rt 2. Write t | that numl | | | | | | | | · | \$1 | 8,775.00 |
| | | be Your Perso | | | | | | | | | | | | | |
| Do y | ou own o | or have any | legal or e | quitable int | erest in a | any of th | he follo | wing it | ems? | | | | | Current va portion yo Do not ded claims or e | u own? uct secured |
| | | goods and Major appliants | | | , china, kit | tchenwa | are | | | | | | | | |
| | | | Older I | Household | furniture | e & pers | sonal b | elongir | ngs | | | | | | \$1,500.00 |
| | ectronics Examples: No Yes. De | Televisions a including cel | | | | | | uipment | compute | rs, printe | ers, scanr | ners; mu: | sic collect | tions; electro | onic devices |
| | | | Tv, Co | mputers, C | Cell phon | ies, and | d other | electro | nic devi | ces | | | | | \$300.00 |
| E | | s of value Antiques and other collect | | | | other art | twork; bo | ooks, pi | ctures, or | other an | t objects; | ; stamp, (| coin, or b | aseball card | collections; |
| 9. E c | quipment | for sports a Sports, photo musical insti | ographic, e | | d other ho | obby eqı | uipment | t; bicycle | es, pool ta | ables, gol | If clubs, s | skis; cand | oes and k | ayaks; carp | entry tools; |
| | Yes. De | escribe | | | | | | | | | | | | | |
| | Firearms Examples | : Pistols, rifle | s, shotgur | ns, ammunit | ion, and r | related e | equipme | ent | | | | | | | |

| De | ebtor 1 | Case 17-8 Tidza Bovan | 32057 | Doc 1 | Filed 08/31/ Document | | tered 08/3 e 12 of 49 | 31/17 09:20:0 9 Case number <i>(if kno</i> | |
|----|-------------------|--|--------------|---------------------------|---|--------------|--|--|--|
| | ☐ Yes. | Describe | | | | | | | |
| | □ No Î | | othes, furs, | leather coats | s, designer wear, sl | ioes, access | ories | | |
| | | | Necessa | ary wearing | apparel | | | | \$200.00 |
| | □ No | | velry, costu | ume jewelry, (| engagement rings, | wedding rin | gs, heirloom je | ewelry, watches, gen | ns, gold, silver |
| | | | Various | Costume Je | ewelry | | | | \$100.00 |
| | Examp ■ No □ Yes. | rm animals bles: Dogs, cats, l | | | | | | | |
| | ■ No | her personal and | | - | ı did not already li | st, includin | g any health | aids you did not lis | |
| 15 | | | • | | om Part 3, includi | • | | you have attached | \$2,100.00 |
| | | scribe Your Finance | | | | | | | |
| Do | you ow | vn or have any le | egal or equ | uitable intere | est in any of the fo | llowing? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | | • | • | our home, in a safe | · | , and on hand | when you file your p | etition |
| | | | | | I accounts; certifica ounts with the sam | | | credit unions, brokera | ge houses, and other similar |
| | | | | | Institut | ion name: | | | |
| | | | 17.1. | Checking | Assoc | iated Bank | <u>: </u> | | \$100.00 |
| | | , mutual funds, o oles: Bond funds, | | | ks th brokerage firms, | money mar | ket accounts | | |
| | | | In | stitution or is | suer name: | | | | |
| | | ublicly traded sto enture | ock and in | terests in in | corporated and ui | nincorporat | ed businesse | es, including an inte | erest in an LLC, partnership, and |
| | | Give specific info | | oout them e of entity: | | | | % of ownership: | |

Official Form 106A/B Schedule A/B: Property page 3

Document Page 13 of 49 Case number (if known) Debtor 1 Tidza Bovan 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) Through Employer Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No

Case 17-82057

Doc 1

Filed 08/31/17

Entered 08/31/17 09:20:03

Desc Main

| | | Case 17-82057 | DOC 1 | Document | Page 14 | u 08/31/17 09.20.03 l of 49 | Desc Main |
|-------------|-------------------|--|---------------------------|--------------------------|--------------------|-------------------------------------|----------------------------|
| De | btor 1 | Tidza Bovan | | | - ugc 1- | Case number (if knowr | 1) |
| ļ | □ Yes. | Give specific information. | | | | | |
| | | ets in insurance policies oles: Health, disability, or li | fe insurance; he | alth savings account | (HSA); credit, | homeowner's, or renter's insur | ance |
| | | Name the insurance comp | any of each pol | licy and list its value. | | | |
| | | Con | npany name: | | | Beneficiary: | Surrender or refund value: |
| | | | ployer provide h value | ed term life policy - n | | spouse | \$0.00 |
| | If you a some o | terest in property that is are the beneficiary of a living the has died. Give specific information. | ng trust, expect | | | cy, or are currently entitled to re | eceive property because |
| | Examµ ■ No | against third parties, wholes: Accidents, employme | nt disputes, insu | | | demand for payment | |
| | | | | wan natura inaludir | ing counteral | ima af tha dahtar and righta | to not off plaims |
| | No | Describe each claim | | very nature, includir | ing countercia | ims of the debtor and rights | to set on cialins |
| | | | | | | | |
| | No | nancial assets you did no | - | | | | |
| 36. | | he dollar value of all of y art 4. Write that number h | | | • | r pages you have attached | \$100.00 |
| Par | t 5: De | scribe Any Business-Relate | d Property You O | Own or Have an Interest | t In. List any rea | al estate in Part 1. | |
| 37 | | own or have any legal or equ | | | | | |
| <i>57</i> . | | to Part 6. | inable interest in | tany business related p | property. | | |
| | Yes. G | Go to line 38. | | | | | |
| Par | | scribe Any Farm- and Commou own or have an interest in t | | | wn or Have an I | nterest In. | |
| 46. | Do you | ı own or have any legal o | or equitable inte | erest in any farm- or | r commercial f | fishing-related property? | |
| | _ | Go to Part 7. | | | | | |
| | ☐ Yes | . Go to line 47. | | | | | |
| Par | t 7: | Describe All Property You | Own or Have an | Interest in That You Di | oid Not List Abo | ve | |
| | | have other property of a bles: Season tickets, count | | | | | |
| | | Give specific information | | | | | |
| E 1 | ۸ طط ۱ | bo dollar value of all af w | our ontring fra | m Part 7 Write that r | number bere | | 00.00 |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document

Debtor 1 Tidza Bovan

| | | | | · · · · · · | |
|------|---|-----|-------------|------------------------------|-------------|
| Part | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$65,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$18,775.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$2,100.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$100.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | _ | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + _ | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$20,975.00 | Copy personal property total | \$20,975.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line | 62 | | | \$85,975.00 |

Official Form 106A/B Schedule A/B: Property page 6

| | | Восине | HE 1 440 ±0 01 10 | |
|---|-------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Tidza Bovan | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| 3006 N. Church St. Rockford, IL 61103 Winnebago County | \$65,000.00 | \$3,650.00 735 ILCS 5/12-901 |
| Line from <i>Schedule A/B</i> : 1.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 2013 Mercedes C300 55,000 miles Line from Schedule A/B: 3.1 | \$18,775.00 | \$0.00 735 ILCS 5/12-1001(c) |
| Ellie Holli Schedule AVD. 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Older Household furniture & personal belongings | \$1,500.00 | \$1,500.00 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 6.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Tv, Computers, Cell phones, and other electronic devices | \$300.00 | \$300.00 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 7.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Necessary wearing apparel | \$200.00 | \$200.00 735 ILCS 5/12-1001(a) |
| Line from Schedule AVD. 11.1 | | 100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Various Costume Jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | \$100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 401(k): Through Employer Line from <i>Schedule A/B</i> : 21.1 | Unknown | ■ 100% 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes | 3 years after that for ca | | , |

| | | Document | Page 18 | of 49 | | |
|--|---------------------------|---|------------------|----------------------------------|------------------------|-------------------|
| Fill in this informati | on to identify yo | ur case: | | | | |
| Debtor 1 | Tidao Doyon | | | | | |
| _ | Tidza Bovan First Name | Middle Name | Last Name | | | |
| Debtor 2 | | made Hamb | Edot Hamo | | | |
| _ | First Name | Middle Name | Last Name | | | |
| 11.7.10.7.5 | | NODELIEDN DIGEDIGE OF ILL | 11.010 | | | |
| United States Bankru | iptcy Court for the | NORTHERN DISTRICT OF ILL | INOIS | | - | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | _ | ed filing |
| | | | - | | | 3 |
| Official Form 1 | 06D | | | | | |
| Schodula Di | Croditors | s Who Have Claims | Sacurac | l by Proport | V. | 12/15 |
| Scriedule D. | Creditors | s wild have claims | <u> </u> | by Propert | у | 12/13 |
| | | If two married people are filing togethout, number the entries, and attach it | | | | |
| , , | a alaima aaaad h | | | | | |
| 1. Do any creditors hav | | | | | | |
| ☐ No. Check this | s box and submit | this form to the court with your other | schedules. Yo | ou have nothing else t | o report on this form. | |
| Yes. Fill in all | of the information | below. | | | | |
| Part 1: List All Se | ecured Claims | | | | | |
| | | more than one secured claim, list the cre | ditor congratoly | Column A | Column B | Column C |
| | | s a particular claim, list the other creditors | | Amount of claim | Value of collateral | Unsecured |
| much as possible, list th | e claims in alphabet | tical order according to the creditor's name | e. | Do not deduct the | that supports this | portion |
| 2.1 Ally Financial | | Describe the property that secures t | the claim: | value of collateral. \$27,405.00 | claim \$18,775.00 | If any \$8,630.00 |
| Creditor's Name | | · · · · | | Ψ21,403.00 | Ψ10,773.00 | Ψ0,030.00 |
| oround or name | | 2013 Mercedes C300 55,000 i | miles | | | |
| Attn: Bankrup | tov | | | | | |
| Po Box 38090 | • | As of the date you file, the claim is: | Check all that | | | |
| Bloomington, | | apply. Contingent | | | | |
| Number, Street, City | | ☐ Unliquidated | | | | |
| rumber, enect, ony | , otato a zip oodo | ☐ Disputed | | | | |
| Who owes the debt? | Check one | Nature of lien. Check all that apply. | | | | |
| _ | | _ | | | | |
| Debtor 1 only | | An agreement you made (such as r car loan) | nortgage or sect | urea | | |
| Debtor 2 only | 0 1 | | | | | |
| Debtor 1 and Debtor | , | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| ☐ At least one of the d☐ Check if this claim | | ☐ Judgment lien from a lawsuit | | | | |
| community debt | relates to a | Other (including a right to offset) | | | | |
| | | | | | | |
| | Opened | | | | | |
| | 09/15 Last | | | | | |
| | Active | | ber 4785 | | | |
| Date debt was incurre | d <u>7/18/17</u> | Last 4 digits of account numb | per 4/05 | | | |
| | | | | | | |
| 2.2 Pennymac Lo | an Services | Describe the property that secures t | | \$61,350.00 | \$65,000.00 | \$0.00 |
| Creditor's Name | | 3006 N. Church St. Rockford, | IL 61103 | | | |
| | | Winnebago County | | | | |
| Attn: Bankrup | | As of the date you file, the claim is: | Check all that | | | |
| Po Box 51435 | • • | apply. | | | | |
| Los Angeles, | CA 90051 | Contingent | | | | |
| Number, Street, City | , State & Zip Code | Unliquidated | | | | |
| 14n | | ☐ Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | An agreement you made (such as r | mortgage or sec | ured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor | 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |

☐ Judgment lien from a lawsuit

 $\hfill \square$ At least one of the debtors and another

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| Debtor 1 Tidza Bov | an | | C | Case number (if know) | |
|--|---|---|-------|--------------------------|--|
| First Name | Middle Na | me Last Name | | | |
| ☐ Check if this claim r community debt | elates to a | ☐ Other (including a right to offset) | | | |
| Date debt was incurred | Opened 07/16 Last Active 7/05/17 | Last 4 digits of account number | 5159 | | |
| | of your form, add t | olumn A on this page. Write that number l he dollar value totals from all pages. | nere: | \$88,755.0 \$88,755.0 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| - | | Document | Page 20 | of 49 | | |
|--|---|---|---|--|--|---|
| Fill in this information to id | lentify your case: | | | | | |
| Debtor 1 Tidza B | Bovan | | | | | |
| First Name | Middle | Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle | Name | Last Name | | | |
| United States Bankruptcy Co | ourt for the: NORTHER | RN DISTRICT OF ILL | INOIS | | | |
| Case number(if known) | | _ | | | _ | theck if this is an mended filing |
| Official Form 106E/F | | e Unsecured | Claims | | | 12/15 |
| Be as complete and accurate as any executory contracts or unes Schedule G: Executory Contrac Schedule D: Creditors Who Hav left. Attach the Continuation Paname and case number (if know List All of Your P | xpired leases that could rests and Unexpired Leases (or Claims Secured by Propege to this page. If you have | sult in a claim. Also lis Official Form 106G). Do erty. If more space is n no information to rep | st executory on onot include a needed, copy t | ontracts on Schedu any creditors with p he Part you need, fi | ule A/B: Property (Offici partially secured claims ill it out, number the en | al Form 106A/B) and on that are listed in tries in the boxes on the |
| Do any creditors have prior | | | | | | |
| No. Go to Part 2. | , | | | | | |
| Yes. | | | | | | |
| | ONPRIORITY Unsecure | d Claims | | | | |
| 3. Do any creditors have non | priority unsecured claims a | against you? | | | | |
| ☐ No. You have nothing to | report in this part. Submit this | s form to the court with y | our other sche | dules. | | |
| Yes. | | | | | | |
| | unsecured claims in the alposition separately for each claim ticular claim, list the other cre | n. For each claim listed, | identify what t | ype of claim it is. Do | not list claims already inc | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 Capital One Nonpriority Creditor's Na | | Last 4 digits of acco | ount number | 1084 | | \$8,613.00 |
| Attn: Bankruptcy Po Box 30253 | | When was the debt | incurred? | Opened 08/15 11/23/16 | Last Active | - |
| Salt Lake City, UT Number Street City Stat Who incurred the debt | te Zlp Code | As of the date you fi | ile, the claim i | s: Check all that app | ly | |
| ■ Debtor 1 only | | ☐ Contingent | | | | |
| Debtor 2 only | | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor | r 2 only | ☐ Disputed | | | | |
| ☐ At least one of the d | lebtors and another | Type of NONPRIORI | TY unsecured | l claim: | | |
| ☐ Check if this claim | is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to | offset? | Obligations arising report as priority clain | g out of a sepa | ration agreement or o | divorce that you did not | |
| ■ No | | Debts to pension | | g plans, and other sir | milar debts | |
| ☐ Yes | | Other. Specify | Credit Card | | | _ |

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| Debio | I I IIUZA DUVAII | | Case Humber (II know) | |
|-------|--|--|--|------------|
| 4.2 | Capital One | Last 4 digits of account number | 5874 | \$3,512.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/15 Last Active 9/06/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | a Claiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | | |
| 4.3 | Comenity Bank/Harlem Furniture Nonpriority Creditor's Name | Last 4 digits of account number | 3619 | \$0.00 |
| | Po Box 182125 | When was the debt incurred? | Opened 04/15 Last Active 06/15 | |
| | Columbus, OH 43218 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| 4.4 | Elan Financial Service | Last 4 digits of account number | 5876 | \$4,441.00 |
| | Nonpriority Creditor's Name | _ | Opened 11/10 Leat Active | |
| | Po Box 108 Saint Louis, MO 63166 | When was the debt incurred? | Opened 11/10 Last Active 11/28/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | | |
| | 55 | - Other. Specify | | |

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| Debt | or 1 Tidza Bovan | | Case number (if know) | |
|------|--|--|--|--------|
| 4.5 | First Electronic Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9608 | \$0.00 |
| | Attn: Bankruptcy 2150 S 1300 E Ste 400 Salt Lake City, UT 84070 | When was the debt incurred? | Opened 4/21/15 Last Active 11/14/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.6 | Syncb/Ashley Homestore Nonpriority Creditor's Name | Last 4 digits of account number | 1773 | \$0.00 |
| | Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | Opened 4/20/15 Last Active 5/18/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | and the second s | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.7 | Syncb/home Design Se Nonpriority Creditor's Name | Last 4 digits of account number | 2197 | \$0.00 |
| | Po Box 96060 Orlando, FL 32896 | When was the debt incurred? | Opened 8/19/13 Last Active 12/22/13 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | No | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □ Yes | Other. Specify Charge Acc | | |
| | □ 163 | Uther, Specify Orlange Acc | -Curic | |

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| Debtor | 1 Tidza Bovan | | Case number (if know) | |
|--------|--|---|---|------------|
| 4.8 | Synchrony Bank/Care Credit Nonpriority Creditor's Name | Last 4 digits of account number | 6291 | \$788.00 |
| | Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 07/16 Last Active 1/20/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | ount | |
| 4.9 | Synchrony Bank/Sams Club Nonpriority Creditor's Name | Last 4 digits of account number | 6505 | \$0.00 |
| | Attn: Bankruptcy Po Box 956060 | When was the debt incurred? | Opened 9/27/15 Last Active 9/27/15 | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 4.1 | Wffnb Retail | Last 4 digits of account number | 8854 | \$5,267.00 |
| | Nonpriority Creditor's Name Po Box 94498 Las Vegas, NV 89193 | When was the debt incurred? | Opened 06/16 Last Active 12/05/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | □Yes | ■ Other. Specify Charge Acc | ount | |
| | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Tidza Bovan

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 22,621.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 22,621.00 |

| | | Docume | TILL I LUCE ZU OT TU | | | | | | |
|---|--------------------------|-------------------|----------------------|--|--|--|--|--|--|
| Fill in this information to identify your case: | | | | | | | | | |
| Debtor 1 | Tidza Bovan | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | | | | | |
| Case number | | | | | | | | | |
| (if known) | | | | | | | | | |
| | | | | | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1 | Person or | company with | n whom you have the ear, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 0.0 | City | | State | ZIF Code | |
| 2.3 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Sireet | | | |
| | | | <u> </u> | 710.0 | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | ramo | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| | y | | | | |

| | | Docume | ent Page 26 d | of 49 | |
|-------------------|--|-------------------------------|-----------------------|--|----------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Tidza Bovan | | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | har | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| | | | | | |
| Official | l Form 106H | | | | |
| Schod | lule H: Your Cod | lahtars | | 44 | 2/15 |
| Julieu | idle II. Toul Coc | CDIOI 3 | | 12 | 2/13 |
| | and case number (if known you have any codebtors? (If | , | | as a codebtor. | |
| _ | | | | | |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisiana | | | y? (Community property states and territories include ington, and Wisconsin.) | ; |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (66). Use Schedule D, Schedule E/F, or Schedule | Official |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the | debt |
| ľ | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| _ | | | | | |
| | Number Street | State | ZIP Code | | |
| , | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule E/F, line | |
| _ | | | | | |
| | Number Street City | State | ZIP Code | | |
| ' | Ony | Jiaio | Zii. Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|------|--|----------------------------|------------|----------------------------|----------|-------|------------|---------------------------|------------------------------------|--|
| Del | btor 1 Tidza Bovan | | | | | | | | | |
| | btor 2 puse, if filing) | | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILL | NOIS | | _ | | | | |
| 1 | se number nown) | | - | | | | □ A | | | |
| 0 | fficial Form 106I | | | | | | N | 1M / DD/ Y | YYY | |
| S | chedule I: Your Inc | ome | | | | | | | 12/ | |
| atta | use. If you are separated and you ch a separate sheet to this form. The describe Employment Fill in your employment | | | | | | | ımber (if | known). Answer every questic | |
| | information. | | Debtor | | | | | | 2 or non-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | | ■ Employed □ Not employed | | | | ■ Employed □ Not employed | | |
| | employers. | Occupation | line ins | pector | | | | loading | dock | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Mylan | | | | | Speede | e | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? | 12 years | | | | _9 | years | |
| Pai | Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have ı | nothing to repo | ort for | any I | ine, write | \$0 in the | space. Include your non-filing | |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the | information f | or all e | emplo | oyers for | that perso | on on the lines below. If you need | |
| | | | | | | | For Del | otor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 2 | ,640.00 | \$ | |
| 3. | Estimate and list monthly overt | ime pay. | | | 3. | +\$ | | 0.00 | +\$0.00 | |
| 4 | Calculate gross Income. Add lin | ne 2 + line 3 | | | 4 | \$ | 26/ | 10.00 | \$ 2.480.00 | |

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| Deb | tor 1 | Tidza Bovan | _ | C | ase nu | ımber (<i>if known</i>) | | | | |
|-----|--|--|------------|----------|----------|---------------------------|-----|--------------|----------|----------|
| | | | | 1 | For D | ebtor 1 | | For Debtor | | ı |
| | Copy | y line 4 here | 4. | - | \$ | 2,640.00 | | non-filing s | 480.00 | |
| | | | | | | 2,010.00 | | r | , 100.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 483.00 | | | 460.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 0.00 | | \$ | 0.00 | _ |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c. 5d. | | \$ \$ | 104.00 182.00 | | \$ \$ | 0.00 | _ |
| | 5a. 5e. | Insurance | 5e. | | \$ | 75.00 | | \$ | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | | \$ | 0.00 | _ |
| | 5g. | Union dues | 5g. | . ; | \$ | 0.00 | , | \$ | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h. | .+ : | \$ | 0.00 | + 5 | \$ | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | S | 844.00 | ; | \$ | 460.00 | _ |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | S | 1,796.00 | , | \$2, | 020.00 | _ |
| 8. | List a | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | . ; | \$ | 0.00 | , | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | . ; | \$ | 0.00 | , | \$ | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce | t | | | | | | | - |
| | | settlement, and property settlement. | 8c. | . ; | \$ | 0.00 | , | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | . ; | \$ | 0.00 | , | \$ | 0.00 | _ |
| | 8e. | Social Security | 8e. | . ; | \$ | 0.00 | , | \$ | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | ; | \$ | 0.00 | ; | \$ | 0.00 | |
| | 8g. | Pension or retirement income | — 8g. | . ; | \$ | 0.00 | , | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h. | .+ : | \$ | 0.00 | + 3 | \$ | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | ; | \$ | 0.0 | 0 |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1 | 796.00 + \$ | | 2,020.00 | = \$ | 3,816.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | – | ٠, | 700.00 | | 2,020.00 | | 0,010.00 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | | | \$ | 3,816.00 |
| 10 | D | and a visco and in a visco and a visco and the visco attention of the district of the visco attention of the vis | | | | | | | monthl | y income |
| 13. | □ Do y | vou expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1 <i>f</i> | | | | | | | |

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| Filli | n this inf <u>orma</u> | tion to identify yo | our case: | | | | | |
|-------|-----------------------------|---------------------------------------|------------|---|-----------------------|------------------|-------------------|---|
| Debt | | Tidza Bovan | | | | | c if this is: | |
| Debt | or 2 use, if filing) | | | | | | A supplement show | ving postpetition chapter the following date: |
| ` ' | , | | NODE | JEDN BIOTRIOT OF ILLIN | 010 | _ | · | ine following date. |
| Unite | ed States Bankr | uptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | OIS | ľ | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your | | | | -41 | ll., | 12/1 |
| info | rmation. If m | | eded, atta | . If two married people ar ach another sheet to this n. | | | | |
| Part | 1: Descr | ibe Your House | hold | | | | | |
| 1. | ■ No. Go to | line 2. | in a separ | ate household? | | | | |
| | □N | 0 | · | ial Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Debto | or 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | Con | | 10 | □ No |
| | dependents | names. | | | Son | | 10 | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include | | No | | - | | |
| | | f people other t d your depende | | Yes | | | | |
| | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y ey is filed. If this is a supp | | | | |
| the | value of such | n assistance an | | government assistance i | | | Your exp | enses |
| (On | icial Form 10 | ы.) | | | | | Tour exp | |
| 4. | | or home owners and any rent for th | | nses for your residence. I or lot. | nclude first mortgage | e 4. \$ | | 545.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, re owner's associat | | upkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 100.00 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5 5. \$ | | 0.00 |

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| Debtor | Tidza Bovan Company | Case num | ber (if known) | |
|---------------------|---|--------------|--------------------|----------------------------|
| 6. Ut | lities: | | | |
| o. o i 6a | | 6a. | \$ | 350.00 |
| 6b | | 6b. | · | 150.00 |
| 6c | | 6c. | · | 300.00 |
| 6d | | 6d. | · | |
| | | | · | 0.00 |
| | od and housekeeping supplies | 7. | · | 600.00 |
| | ildcare and children's education costs | 8. | \$ | 150.00 |
| | othing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 0. Pe | rsonal care products and services | 10. | \$ | 100.00 |
| 1. M e | dical and dental expenses | 11. | \$ | 100.00 |
| | ansportation. Include gas, maintenance, bus or train fare. | | • | 200.00 |
| | not include car payments. | 12. | | 300.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| 4. Ch | aritable contributions and religious donations | 14. | \$ | 0.00 |
| | surance. | | | |
| Do | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15 | a. Life insurance | 15a. | \$ | 0.00 |
| 15 | b. Health insurance | 15b. | \$ | 0.00 |
| 15 | c. Vehicle insurance | 15c. | \$ | 150.00 |
| 15 | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | _ | · | 0.00 |
| | ecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: | _ | | |
| 17 | a. Car payments for Vehicle 1 | 17a. | \$ | 467.00 |
| 17 | b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | c. Other. Specify: husbands personal expenses | 17c. | \$ | 200.00 |
| | d. Other. Specify: | — 17d. | | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report as | | <u> </u> | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | her payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| | her real property expenses not included in lines 4 or 5 of this form or on Sched | | our Income. | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | b. Real estate taxes | 20b. | \$ | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | · | |
| | | 20u. 20e. | | 0.00 |
| | e. Homeowner's association or condominium dues | | • | 0.00 |
| 1. Ot | her: Specify: | 21. | +\$ | 0.00 |
| 2. C a | Iculate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 3,712.00 |
| | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 5,. 12.00 |
| | | | · | 0.740.00 |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,712.00 |
| 3. C a | Iculate your monthly net income. | | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,816.00 |
| | b. Copy your monthly expenses from line 22c above. | 23b. | · | 3,712.00 |
| _0 | 2-F7, 7-2. Monthly orportood from mid EEO above. | _00. | - | 5,7 12.00 |
| 23 | c. Subtract your monthly expenses from your monthly income. | | | |
| _0 | The result is your <i>monthly net income</i> . | 23c. | \$ | 104.00 |
| | , | | | |
| | you expect an increase or decrease in your expenses within the year after you | | | |
| | example, do you expect to finish paying for your car loan within the year or do you expect your r | nortgage | payment to increas | e or decrease because of a |
| | dification to the terms of your mortgage? | | | |
| | No. | | | |
| | Yes. Explain here: | | | |

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| Fill in th | nis informa | ation to identify your | case: | | | | | |
|-------------|-------------|---|--|---------------|--------------------|-----------------|--------------------|---|
| Debtor 1 | ĺ | Tidza Bovan | | | | | | |
| Dobtor ! | • | First Name | Middle Name | Last N | Name | | | |
| Debtor 2 | _ | | | | | | | |
| (Spouse if, | filing) | First Name | Middle Name | Last N | Name | | | |
| United S | States Bank | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | 3 | | | |
| Case nu | ımber | | | | | | | |
| (if known) | | | | | | | | Check if this is an |
| | | | | | | | ј | mended filing |
| | | <u>106Dec</u> on About a | n Individual | Debto | r's Sche | dules | | 12/15 |
| | both. 18 | U.S.C. §§ 152, 1341, 1 | n connection with a bank 519, and 3571. | Tupicy case | can result in fine | s up to \$230,0 | oo, or impris | onnent for up to 20 |
| | Sign | Below | | | | | | |
| Dic | d you pay | or agree to pay some | one who is NOT an attor | ney to help y | ou fill out bankr | uptcy forms? | | |
| | No | | | | | | | |
| | Yes. Na | me of person | | | | | , , | ion Preparer's Notice, ure (Official Form 119) |
| | | | | | | Declaratio | iri, ariu Siyriali | dre (Oniciai Form 119) |
| | | of perjury, I declare true and correct. | that I have read the sum | mary and scl | hedules filed with | h this declarat | ion and | |
| Х | /s/ Tidza | Bovan | | х | | | | |
| | Tidza Bo | | | | Signature of Debto | or 2 | | |
| | Signature | of Debtor 1 | | | | | | |
| | Date Au | ıgust 31, 2017 | | | Date | | | |

| Fill i | n this inforn | nation to identify you | r case: | | | |
|------------------|------------------------|--|--|--|--|---|
| Debt | | Tidza Bovan | | | | |
| 2000 | 0 | First Name | Middle Name | Last Name | | |
| Debt | or 2 se if, filing) | First Name | Middle Name | Last Name | | |
| | • | | | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case (if know | e number wn) | | | | | heck if this is an mended filing |
| Sta | tement | | | duals Filing for B | ankruptcy equally responsible for sup | 4/16 |
| nforr | nation. If m | | attach a separate sheet to | | additional pages, write you | |
| Part | 1: Give D | Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. \ | What is you | r current marital statu | ıs? | | | |
| I | ■ Married □ Not mai | ried | | | | |
| 2. [| During the l | ast 3 years have you | lived anywhere other than | where you live now? | | |
| ·. · | Juling the I | ast o years, nave you | iived arrywriere other than | where you live now : | | |
|]] | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
|] [| ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Explai | n the Sources of You | r Income | | | |
| F | Fill in the tota | al amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once un | | ndar years? |
| [| □ No | | | | | |
| ı | Yes. Fil | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$23,000.00 | ■ Wages, commissions, bonuses, tips | \$19,236.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Page 33 of 49 Case number (if known) Debtor 1 Tidza Bovan

| | | | | Debtor 1 | | Debtor 2 | | |
|----|------------------------------|---|---|---|--|---|---------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | or last calen anuary 1 to | dar year: December 3 | 31, 2016) | ■ Wages, commissions, \$39,845.00 bonuses, tips | | ■ Wages, common bonuses, tips | nissions, | \$18,000.00 |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | | dar year bef December 3 | | ■ Wages, commissions, bonuses, tips | \$35,890.00 | ■ Wages, commonute with the Wages, tips | nissions, | \$29,000.00 |
| | | | | ☐ Operating a business | | Operating a b | ousiness | |
| | winnings. List each s | lf you are filir | ng a joint cas | e and you have income that | rest; dividends; money collect you received together, list it o stely. Do not include income th | nly once under De | btor 1. | о уаннынну анд юттегу |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| | or last calen anuary 1 to | dar year: December 3 | 31, 2016) | Gambling | \$2,000.00 | | | |
| | | dar year bef December 3 | | Gambling | \$2,000.00 | | | |
| Pa | rt 3: List | : Certain Pay | ments You | Made Before You Filed for | Bankruptcv | | | |
| 6. | | Debtor 1's Neither De individual p During the No. | or Debtor 2 btor 1 nor D rimarily for a | 's debts primarily consume bebtor 2 has primarily consu- personal, family, or househoure you filed for bankruptcy, di | r debts? umer debts. Consumer debts | | | 1(8) as "incurred by an |
| | | ☐ Yes * Subject t | paid that cr | editor. Do not include paymer payments to an attorney for t | id a total of \$6,425* or more in this for domestic support oblig his bankruptcy case. 's after that for cases filed on | ations, such as chi | ild support a | nd alimony. Also, do |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, di | umer debts. id you pay any creditor a total | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | • | | | | |
| | | □ Yes | include pay | | id a total of \$600 or more and obligations, such as child supp | | | |
| | Creditor' | s Name and | Address | Dates of payme | ent Total amount | Amount you | Was this p | payment for |

still owe

paid

| | | | Document | Page 34 of 49 | | | |
|----------|-------------------------|---|--|--|--|------------------------------------|--|
| Debt | tor 1 | Tidza Bovan | | Cas | e number (if known) | | |
| (| <i>Inside</i> of whi | n 1 year before you filed for bankrupt ers include your relatives; any general pa ich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners; relatives of any gen a control, or owner of 20% of | neral partners; partners or more of their voting | erships of which yo g securities; and a | u are a general ny managing age | partner; corporations ent, including one fo |
| | _ | No Yes. List all payments to an insider. | | | | | |
| | Insic | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment |
| i | insid | n 1 year before you filed for bankrupt er? le payments on debts guaranteed or cos | | yments or transfer a | nny property on a | ccount of a deb | t that benefited an |
| | _ | No Yes. List all payments to an insider | | | | | |
| | Insic | ler's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include creditor | |
| Part | 4: | Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| ı | List al modif | n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. | | | | | |
| l | _ | No Yes. Fill in the details. | | | | | |
| | | e title e number | Nature of the case | Court or agency | | Status of the | case |
| | | n 1 year before you filed for bankrupt k all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? |
| | _ ` | No. Go to line 11. | | | | | |
| | | Yes. Fill in the information below. | Describe the Property | | Date | | Value of the |
| | 0.00 | into Humo una Address | Explain what happene | d | Dute | | property |
| i | accoi | n 90 days before you filed for bankru unts or refuse to make a payment bed No Yes. Fill in the details. | ptcy, did any creditor, inc | | nancial institution | , set off any am | nounts from your |
| | | litor Name and Address | Describe the action the | e creditor took | Date | action was | Amount |
| | | | | | taken | | |
| | | n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | e for the benefi | t of creditors, a |
| ı | _ | No Yes | | | | | |
| Part | 5: | List Certain Gifts and Contributions | | | | | |
| 13. | _ | n 2 years before you filed for bankrup | otcy, did you give any gif | ts with a total value | of more than \$60 | 0 per person? | |
| İ | _ | Yes. Fill in the details for each gift. | | | | | |
| | Cifts | with a total value of more than \$600 | Describe the gifts | • | Datos | S VOIL GOVE | Value |

per person

Address:

Person to Whom You Gave the Gift and

the gifts

Case 17-82057 Doc 1 Filed 08/31/17 Entered 08/31/17 09:20:03 Desc Main Page 35 of 49 Document Debtor 1 Tidza Bovan Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Eric Pratt Law Firm P.C. Attorney Fees \$1,900.00 5301 E. State St, Ste 116 Rockford, IL 61108 rockford@jordanpratt.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was

Address

Person's relationship to you

property transferred

made

payments received or debts

paid in exchange

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Tidza Bovan Debtor 1

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
|-----|---|--|--|---|----------------------------|---|--|--|--|
| | Name of trust | Description and v | Description and value of the property transferred | | | | | | |
| Par | rt 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and St | orage Unit | s | made | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No | other financial accoun | nts; certificates | of deposi | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | | Last 4 digits of account number | Type of according trument | unt or Date account was closed, sold, moved, or transferred | | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, a | ny safe de _l | posit box or other depos | itory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or ■ No □ Yes. Fill in the details. | place other than your | home within 1 | year befor | re you filed for bankrupto | ey? | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | | | |
| Par | rt 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | | |
| 23. | Do you hold or control any property that som for someone. | neone else owns? Inclu | ude any proper | ty you bor | rowed from, are storing t | for, or hold in trust | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | | | |
| Par | rt 10: Give Details About Environmental Infor | rmation | | | | | | | |
| For | the purpose of Part 10, the following definition | ns apply: | | | | | | | |
| | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s | e air, land, soil, surface | e water, ground | | | | | | |
| | Site means any location, facility, or property to own, operate, or utilize it, including dispos | • | environmental l | aw, wheth | er you now own, operate | e, or utilize it or used | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Case number (if known) Document

Debtor 1 Tidza Bovan

| 24. | . Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | |
|---|--|--|--|--------------------|--|
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 25. Have you notified any governmental unit of any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ironmental law? Include settlements a | nd orders. | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, | Nature of the case | Status of the case | |
| | | State and ZIP Code) | | | |
| Par | 111: Give Details About Your Business or Con | nections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | ny of the following connections to any | business? | |
| | ☐ A sole proprietor or self-employed in a t | trade, profession, or other activity, | either full-time or part-time | | |
| | □ A member of a limited liability company | | · | | |
| | ☐ A partner in a partnership | (==o, oou, pa | ·F (/ | | |
| | ☐ An officer, director, or managing execut | tive of a cornoration | | | |
| | ☐ An owner of at least 5% of the voting or | · | | | |
| | _ | | | | |
| | No. None of the above applies. Go to Part 12. | | | | |
| | , | Yes. Check all that apply above and fill in the details below for each business. | | | |
| | Address | scribe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | |
| | (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Dates business existed | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Incluinstitutions, creditors, or other parties. | | | | | |
| | ■ No | | | | |
| | Yes. Fill in the details below. | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | te Issued | | | |
| (************************************** | | | | | |

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Case number (if known)

| Part 1 | 2: Sign Below | | |
|-------------------|---|--|---|
| are tru with a | e and correct. I understand that making a | • | clare under penalty of perjury that the answers aining money or property by fraud in connection s, or both. |
| /s/ Tio | dza Bovan | | |
| Tidza | Bovan | Signature of Debtor 2 | |
| Signa | ture of Debtor 1 | | |
| Date | August 31, 2017 | Date | |
| Did yo | u attach additional pages to Your Statem | nent of Financial Affairs for Individuals Filing f | or Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did yo | u pay or agree to pay someone who is no | ot an attorney to help you fill out bankruptcy for | orms? |
| ■ No | | | |
| ☐ Yes | . Name of Person Attach the Bankr | uptcy Petition Preparer's Notice, Declaration, and | d Signature (Official Form 119). |

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| | | | • | |
|---------------------------------|---|-------------------------|--|---|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Tidza Bovan | | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States B | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | orm 108 | | | |
| | | n fan Indi: | iduala Filipa Undar Cha | |
| Stateme | nt of intentio | n for inaly | riduals Filing Under Cha | apter / 12/15 |
| | | | | |
| | dividual filing under cha | - | I out this form if: | |
| creditors have | ve claims secured by yo | our property, or | | |
| | sed personal property a | | | |
| | | | you file your bankruptcy petition or by the de time for cause. You must also send copies | |
| | e form | io ocult oxtollac til | o amo for dudos. Fou muot uido dona copios | , to the organions and loosens you het |
| If two married n | oonlo aro filina toaatha | r in a joint case, he | oth are equally responsible for supplying cor | rest information. Both debtors must |
| | and date the form. | i ili a joilit case, bu | in are equally responsible for supplying cor | rect information. Both debtors must |
| | | | | |
| | e and accurate as possit your name and case nu | | s needed, attach a separate sheet to this forr | n. On the top of any additional pages, |
| | , | | | |
| Part 1: List \ | our Creditors Who Hav | re Secured Claims | | |
| 1. For any credi | | art 1 of Schedule D | : Creditors Who Have Claims Secured by Pr | operty (Official Form 106D), fill in the |
| | reditor and the property t | that is collateral | What do you intend to do with the propert secures a debt? | ty that Did you claim the property as exempt on Schedule C? |
| | | | Scoures a dest: | as exempt on senedule of |
| Creditor's | Ally Financial | | ☐ Surrender the property. | □ No |
| name: | , | | Retain the property and redeem it. | = 0 |
| | | | Retain the property and enter into a | Yes |
| Description o | | 00 55,000 | Reaffirmation Agreement. | |
| property | miles | | ☐ Retain the property and [explain]: | |
| securing deb | t: | | | |
| Creditor's | Ponnymao Loon Comis | 206 | Commended the progress | П N- |
| name: | Pennymac Loan Servi | Jes | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| | | | Retain the property and redeem it. Retain the property and enter into a | ■ Yes |
| Description of | f 3006 N. Church St. | Rockford, IL | Reaffirmation Agreement. | |

Part 2: List Your Unexpired Personal Property Leases

61103 Winnebago County

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

property

securing debt:

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| Debtor | 1 Tidza Bovan | Case number (if known) |
|----------|--|---|
| | | |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| | 's name: | □ No |
| Property | otion of leased ty: | ☐ Yes |
| | 's name: otion of leased | □ No |
| Property | | ☐ Yes |
| Part 3: | Sign Below | |
| Under p | penalty of perjury, I declare that I have indicated my intention about any pro y that is subject to an unexpired lease. | perty of my estate that secures a debt and any personal |
| | / Tidza Bovan X | |
| | dza Bovan Signatur | e of Debtor 2 |
| Się | gnature of Debtor 1 | |
| Da | ate August 31, 2017 Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,717

\$1,167 filing fee

\$550 administrative fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

total fee

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-82057 Doc 1 Filed 08/31/17 Entered 08/31/17 09:20:03 Desc Main Document Page 45 of 49

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e Tidza Bovan | | Case No |). | |
|------|---|---|-------------------------------|---------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | ATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing o be rendered on behalf of the debtor(s) in contemplation of o | f the petition in bankruptcy | y, or agreed to be pa | id to me, for services re | |
| | For legal services, I have agreed to accept | | \$ <u></u> | 1,900.00 | |
| | Prior to the filing of this statement I have received | | | 1,900.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compens | ation with any other person | n unless they are me | mbers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names | | | | aw firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspec | cts of the bankruptc | y case, including: | |
| | a. [Other provisions as needed] see attached fee agreement | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any discharge adversary proceeding or any Inquiries into the | eability actions, judicial I | | elief from stay actions | or any other |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any agbankruptcy proceeding. | greement or arrangement fo | or payment to me fo | r representation of the d | ebtor(s) in |
| | August 31, 2017 | /s/ Jacob Maegli | | | |
| _ | Date | Jacob Maegli 631 | | | |
| | | Signature of Attorn Eric Pratt Law Fir | | | |
| | | 5301 E. State St, | Ste 116 | | |
| | | Rockford, IL 6110 | | | |
| | | 815-315-0683 F rockford@jordanj | ax: 815-516-5943 oratt.com | | |
| | | Name of law firm | | | |

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| CHAPTER 7 FLAT FEE AGREEMENT. |
|--|
| CHAPTER 7 FLAT FEE AGREEMENT Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent ("Client") in a Chapter 7 Pankrustay Attack ("Client") in a |
| (Cheff), in a Chapter / Bankruptcy. Attorney and Client agree that this representation includes the Potition, Statements |
| and Schedules, Representation at the 341(a) meeting, This agreement does NOT include representation in court appearances, including but not limited to, dischargability complaints, Lien Avoidance, Motion to dismiss filed by US |
| Trustee, inquiries into the value of assets, or any other hearing, contested motions, or adversary proceeding. Additional |
| fees will be required if these services are needed. |
| Client agrees to pay Attorney a flat fee of \$ 1900 for the continue described at 1900 |
| on the anticipated amount of work required based on the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information provided to date by Client to Atternation of the information of the informat |
| mornation is incomplete, incorpect, of charges before the time Client's matter is ready to be filed, the Atternative Island |
| assessment of the matter may change, causing the flat fee amount to require adjustment. Client will be recognished |
| oboto in dudition the lide lee, including but not implied to the \$335 filling tee plus the \$335 |
| fee of \$335 shall be paid by separate check or cash to be placed in the Trust account. The flat fee, upon payment, becomes the property of the law firm and Client directs Attorney to deposit these funds in Attorney's business account. |
| TYTHIC CHERT Has the right to pay Attorney on an hollry fee basis. Client elects to pay Attorney on a flot fee attractive and |
| to do be less morely when compared to an nounty rate fee structure. The firm will begin work on the Bankruntov Datition |
| upon receipt of the entire flat fee along with the supporting documentation. |
| Client understands that bankruptcy laws only allow for protection of certain amount of property and if any property remains |
| amplituded, Official and stating the Olidbiet / Thistee can sell it it (heart does not or connot have out the Trustee). |
| and that the OS Trustee may object to the filling of a Chapter / if they believe Client has excess income and should be |
| filing a Chapter 13. |
| Certain debts are not dischargeable under the bankruptcy laws, such as, student loans or educational debts, some taxes, |
| discussed debts, debt related to lattilly court matters (support/maintenance), fines, debts incurred by froud, debts |
| incurred after filing, future association/condo HOA dues, or any other debt found non-dischargeable by the Judge. |
| |
| Client agrees not to transfer any property or incur any debt without expressed permission from Attorney or the Court. Client agrees to make full disclosure of all income, expenses, debts, and assets at the initial consultation and on the |
| bankruptcy petition. |
| |
| Client understands bankruptcy law requires the completion of a pre-filing and a post-filing course. Client agrees to pay for both the pre-filing and post-filing course independently of the |
| both the pre-ning and post-ning course independently of this adjacement and working with Attornov to make a section of the |
| certificates are received. If Client's case is closed without discharge by the Bankruptcy Court due to failure to complete post-filing course, Client shall be required to pay fees and cost related to the reopening of the case. |
| |
| Attorney-Client relationship terminates and the attorney's file will be closed upon receipt of discharge of bankruptcy unless |
| otion mode opening on this document. If the event client terminates or cancels this Agreement prior to the filling of the |
| bankruptcy Attorney shall deduct the amount of \$300 prior to refunding. Attorney shall promptly refund any amount in excess of \$300. Client authorizes Attorney to transfer any funds held in the trust account to the operating account at the |
| and of such termination to ensure the amounts alle and owing to either party can be properly engaged. Assessed |
| physical records will be maintained in accordance with the laws governing such records and will be destroyed as later than |
| 7 years after the file's closure. |
| By signing this agreement, Lagroo that I have had an arrest of the I |
| By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. |
| |
| CLIENT ERIC PRATT, LAW FIRM, P.C. |
| Tidde Bovan Stort |
| 7200 |
| Total: $(923 + 336 = 225)$ |
| If payment via debit card, nayments are as follows: (C) (C) |
| herester Com 12/17 |
| with no prior authorization necessary. The \$335.00 cannot be debited from the card and shall be paid via check or cash |
| prior to filing. |
| |
| If payment via cash or check, payments are as follows: \$ today. Then, \$ |

to be mailed in or dropped off at the office. The \$335.00 filing fee shall be paid prior to filing.

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United States Bankruptcy CourtNorthern District of Illinois

| | | Tot their District of Innions | , | |
|-------|--|---|------------------------|------------------------|
| In re | Tidza Bovan | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | | | | |
| | VE | RIFICATION OF CREDITOR | MATRIX | |
| | | Number of | of Creditors: | 12 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | ditors is true and cor | rect to the best of my |
| Date: | August 31, 2017 | /s/ Tidza Bovan Tidza Bovan Signature of Debtor | | |

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Elan Financial Service Po Box 108 Saint Louis, MO 63166

First Electronic Bank Attn: Bankruptcy 2150 S 1300 E Ste 400 Salt Lake City, UT 84070

Pennymac Loan Services Attn: Bankruptcy Po Box 514357 Los Angeles, CA 90051

Syncb/Ashley Homestore Po Box 965064 Orlando, FL 32896

Syncb/home Design Se Po Box 96060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

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Synchrony Bank/Sams Club Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Wffnb Retail Po Box 94498 Las Vegas, NV 89193